

## Senate Resolution

By: Senators Thomas of the 54th, Smith of the 52nd, Carter of the 13th, Hamrick of the 30th, Douglas of the 17th and others

**ADOPTED**

## A RESOLUTION

Creating the Joint Study Committee on State Stroke System of Care; and for other purposes.

WHEREAS, approximately 700,000 Americans have a new or recurrent stroke each year, and stroke remains the third leading cause of death in the United States when considered independently from other cardiovascular diseases; and

WHEREAS, stroke continues to be a significant cause of morbidity and mortality in the United States; and

WHEREAS, stroke also remains a leading cause of serious, long-term disability in the United States, and major advances have been made during the past several decades in stroke prevention, treatment, and rehabilitation; and

WHEREAS, on average, someone dies of a stroke every three minutes; and

WHEREAS, stroke leads to the death of more than 4,200 citizens of the State of Georgia each year; and

WHEREAS, the majority of Americans are not aware of their stroke risk factors, nor are they aware of the signs and symptoms of an impending stroke; and

WHEREAS, despite successes in delivering effective new therapies, significant obstacles remain in ensuring that scientific advances are consistently translated into clinical practice; and

WHEREAS, in many instances, these obstacles are related to a fragmentation of stroke related care caused by an inadequate integration system between the various facilities, agencies, and professionals that should closely collaborate in providing stroke care; and

WHEREAS, there is increased emphasis on improving the components of stroke care, including recommendations from the Brain Attack Coalition for primary stroke centers and a formal process provided through the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for the certification of primary stroke centers; and

WHEREAS, it is critically important to look carefully at how the distinct components can be better integrated into systems of stroke care; and

WHEREAS, the fragmented approach to stroke care that exists in most regions of the United States fails to provide an effective integrated system for stroke prevention, treatment, and rehabilitation because of inadequate linkages and coordination among the fundamental components of stroke care; and

WHEREAS, although individual components of a system of stroke care may be well developed, these components often operate in isolation; and

WHEREAS, a system of stroke care should coordinate and promote patient access to the full range of activities and services associated with stroke prevention, treatment, and rehabilitation, including the following key components: primordial and primary prevention, community education, notification and response of emergency medical services, acute stroke treatment, including the hyperacute and emergency department phases, subacute stroke treatment and secondary prevention, rehabilitation, and continuous quality improvement (CQI) activities.

NOW, THEREFORE, BE IT RESOLVED BY THE GENERAL ASSEMBLY OF GEORGIA that there is created the Joint Study Committee on State Stroke System of Care to be composed of five members of the House of Representatives to be appointed by the Speaker of the House of Representatives and five members of the Senate to be appointed by the President of the Senate. The Speaker of the House of Representatives shall designate a member of the House and the President of the Senate shall designate a member of the Senate who shall serve as cochairpersons of the committee. The committee shall meet at the call of the cochairpersons in conjunction with the Georgia American Stroke Association, a division of the American Heart Association.

BE IT FURTHER RESOLVED that the committee shall undertake a study of the system of stroke care in Georgia in regards to primary prevention, notification/response of EMS, acute treatment of stroke, subacute treatment of stroke, rehabilitation of stroke patients, and the disparities in recognition of, as well as treatment in, minority communities. The committee shall hear from experts and key leaders from these areas and recommend any actions or legislation which the committee deems necessary or appropriate. The committee may conduct such meetings at such places and at such times as it may deem necessary or convenient to enable it to exercise fully and effectively its powers, perform its duties, and accomplish the objectives and purposes of this resolution. The members of the committee shall receive the allowances authorized for legislative members of interim legislative committees but shall receive the same for not more than five days unless additional days are authorized. The funds necessary to carry out the provisions of this resolution shall come from the funds appropriated to the House of Representatives and Senate. In the event the committee makes a report of its findings and recommendations with suggestions for proposed legislation, if any, such report shall be made on or before December 31, 2007. The committee shall stand abolished on December 31, 2007.